

Colorado Secretary of State
Elections Division
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CERTIFICATE OF DESIGNATION BY ASSEMBLY

[C.R.S. 1-4-601, C.R.S. 1-4-604 & C.R.S. 1-4-1304]

DISTRICT TYPE: _____

To the Honorable Mike Coffman, Colorado Secretary of State:

This is to certify that the Assembly of delegates representing the _____ Party of the
_____ District # _____, State of Colorado, which party, at the last
general election for State officers, cast more than ten percent of the total votes cast for its candidate for Governor,
was held under the call of the Chairman of the District _____ Party at _____,
in the County of _____, State of Colorado, on _____, 20 _____.

The Assembly was composed of _____ delegates who were present and voting.

Officers of the Assembly were:

Chairman: _____

Secretary: _____

No more than two ballots were taken upon candidates for each of the following offices up for election within the jurisdiction of the assembly and that each of the following named persons received the number of votes and the percentage set opposite their names for the office indicated:

First Ballot – A candidate must receive 30 percent or more of the votes of all duly accredited delegates who are present and voting at such assembly to be placed on the Primary Election Ballot.

If no candidate receives 30 percent, there shall be a second ballot cast on ALL candidates.

Second Ballot – If no candidate receives 30 percent or more of the votes cast, the TWO candidates receiving the highest number of votes shall be placed on the ballot in order of the highest votes received.

I further certify that each of the candidates has been affiliated as a _____ for the time period required by Colorado Statute or by the _____ Party By-laws, as required by the by-laws of the Colorado _____ State Central Committee, filed with the Secretary of State as required by the by-laws, as shown on the registration books of the county clerk and recorder.

**NAMES OF ALL CANDIDATES RECEIVING VOTES BY ASSEMBLY AND RANK ORDER OF VOTES RECEIVED,
INCLUDING PERCENTAGE**

Name of Office	Name & Address of Candidate	Votes Received	% of Vote Received	Rank

Assembly Vacancy Committee Is Composed Of:

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone
Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

And is empowered to fill any vacancy that may occur in the office(s) listed above in designation or nomination.

Typed Name of Secretary or Chairman

Signature of Secretary or Chairman

Address

Phone

Signature of Candidate: _____ Date: _____

STATE OF COLORADO

COUNTY OF _____

Before me, _____, a notary/officer duly authorized to administer oaths, in and for said State, personally appeared _____, whose name is subscribed to the foregoing Assembly Designation, and who affirms, that said statements are true and that he/she acknowledges the execution of said instrument to be of their own free act and voluntary deed for the uses and purposes therein set forth.

Subscribed and affirmed to before me this _____ day of _____, 20_____.

(Seal)

(Notary/Official Signature)

(Commission Expires)